

GARFIELD HEIGHTS CITY SCHOOLS
Employee Report of Absence Form

Any employee who has been absent should complete this form and return it to his/her principal or supervisor promptly after resuming his/her duties.

Date: _____

To the Board of Education:

I was absent from regular duty beginning _____ A.M. _____ P.M. _____
(Date)

a total of _____ day(s). I returned to regular duty _____ A.M. _____ P.M. _____
(Date)

My absence was for the following reason(s):

_____ day(s) for my own illness

_____ day(s) counted toward FMLA

_____ day(s) counted for Military Obligation

_____ day(s) on the following school business: _____

_____ day(s) because of the death of _____ whose relationship
to me was that of _____

_____ day(s) because of the serious illness of a relative. This relative is my _____
whose name is _____. It was necessary for me to be with this person
because _____

_____ day(s) authorized vacation.

_____ day(s) for other reasons as follows: Personal Leave within the regulations of the Personal
Leave policy.

I understand that every absence except for "school business" or "personal leave" will result in a deduction for either salary or sick leave credit.

I certify that the facts and statements contained herein are true and correct, and I agree that the filings of any false statement should be considered grounds for disciplinary action by the Board of Education.

Employee's Signature

Certified by: _____ Date: _____
Principal/Immediate Supervisor Signature

Name(s) of Substitute(s): _____ Day(s) worked: _____

Name(s) of Substitute(s): _____ Day(s) worked: _____